

BEST AVAILABLE COPY

11 APR 2006

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							<i>10/562262</i>						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/		51						
2	/	/	/	/	/		52						
3	/	/	/	/	/		53						
4	/	/	/	/	/		54						
5	/	/	/	/	/		55						
6	/	/	/	/	/		56						
7	/	/	/	/	/		57						
8	/	/	/	/	/		58						
9	/	/	/	/	/		59						
10	/	/	/	/	/		60						
11	/	/	/	/	/		61						
12	/	/	/	/	/		62						
13	/	/	/	/	/		63						
14	/	/	/	/	/		64						
15	/	/	/	/	/		65						
16	/	/	/	/	/		66						
17	/	/	/	/	/		67						
18	/	/	/	/	/		68						
19	/	/	/	/	/		69						
20	/	/	/	/	/		70						
21	/	/	/	/	/		71						
22	/	/	/	/	/		72						
23	/	/	/	/	/		73						
24	/	/	/	/	/		74						
25	/	/	/	/	/		75						
26	/	/	/	/	/		76						
27	/	/	/	/	/		77						
28	/	/	/	/	/		78						
29	/	/	/	/	/		79						
30	/	/	/	/	/		80						
31	/	/	/	/	/		81						
32	/	/	/	/	/		82						
33	/	/	/	/	/		83						
34	/	/	/	/	/		84						
35	/	/	/	/	/		85						
36	/	/	/	/	/		86						
37	/	/	/	/	/		87						
38	/	/	/	/	/		88						
39	/	/	/	/	/		89						
40	/	/	/	/	/		90						
41	/	/	/	/	/		91						
42	/	/	/	/	/		92						
43	/	/	/	/	/		93						
44	/	/	/	/	/		94						
45	/	/	/	/	/		95						
46	/	/	/	/	/		96						
47	/	/	/	/	/		97						
48	/	/	/	/	/		98						
49	/	/	/	/	/		99						
50	/	/	/	/	/		100						
TOTAL IND.	2		1				TOTAL IND.						
TOTAL DEP.	32	←	17	←		↓	TOTAL DEP.			↓		↓	
TOTAL CLAIMS	34		18				TOTAL CLAIMS						